



RECEIVED
APR 19 2016
MRO - JHSB

PAT MCCRORY
Governor

DONALD R. VAN DER VART
Secretary

MICHAEL SCOTT
Acting Director

PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

I am the owner of the property located at 275 Southside Ch. Rd, Lincolnton, N.C. and I am authorized to complete this form.

PLEASE CHECK ONE OF THE FOLLOWING

☒ YES, I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples (as described below) from my property.

☐ NO, I do not grant the Division of Waste Management and/or its contractors permission to access my property and collect samples from my property.

Proposed samples that may be collected from my property include the following:

☐ Potable Well - Does your well have a treatment system? (Yes/No) _____

☐ Soil

☐ Groundwater

☒ Other (Include Description) Crawl Space and/or Basement Air Samples

Analyses: ☒ VOCs ☐ SVOCs ☐ Metals ☐ Pesticides ☐ Other

MARY BRIDGES
(Print Name)

(980) 429-2255
(Telephone Number)

Mary Bridges
(Signature)

04/14/2016
(Date)

Please return a completed form by April 15, 2016 by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040.

George Adams, NCDWM
610 East Center Avenue # 301
Mooresville, NC 28115

NCN000410439



Waste Management
ENVIRONMENTAL QUALITY

RECEIVED
APR 19 2016
MRO - IHSB

PAT MCCRORY
Governor

DONALD R. VAN DER VART
Secretary

MICHAEL SCOTT
Acting Director

PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

I am the owner of the property located at 1904 Southside Rd, and I
am authorized to complete this form. Lincolnton, N.C. 28092

PLEASE CHECK ONE OF THE FOLLOWING

☒ **YES**, I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples (as described below) from my property.

☐ **NO**, I do not grant the Division of Waste Management and/or its contractors permission to access my property and collect samples from my property.

Proposed samples that may be collected from my property include the following:

- ☒ Potable Well - Does your well have a treatment system? (Yes/No) NO
- ☒ Soil
- ☒ Groundwater
- ☒ Other (Include Description) Crawl Space and/or Basement Air Samples

Analyses: ☒ VOCs ☐ SVOCs ☐ Metals ☐ Pesticides ☐ Other

Douglas W Whitesides
(Print Name)

704-745-8142
(Telephone Number)

Douglas W. Whitesides
(Signature)

4-12-16
(Date)

Please return a completed form by **April 15, 2016** by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040.

George Adams, NCDWM
610 East Center Avenue # 301
Mooresville, NC 28115

NCN000410439



RECEIVED

APR 18 2016

MRO - IHSB

PAT MCCRORY
Governor

DONALD R. VAN DER VART
Secretary

MICHAEL SCOTT
Acting Director

PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

I am the owner of the property located at 297 South Fork Rd. Lincolnton, N.C. 28092, and I am authorized to complete this form.

PLEASE CHECK ONE OF THE FOLLOWING

☒ YES, I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples (as described below) from my property.

☐ NO, I do not grant the Division of Waste Management and/or its contractors permission to access my property and collect samples from my property.

Proposed samples that may be collected from my property include the following:

☐ Potable Well - Does your well have a treatment system? (Yes/No) _____

☐ Soil

☐ Groundwater

☒ Other (Include Description) Crawl Space and/or Basement Air Samples

Analyses: ☒ VOCs ☐ SVOCs ☐ Metals ☐ Pesticides ☐ Other

Jerry W. Snyder
(Print Name)

980-429-2176
(Telephone Number)

[Signature]
(Signature)

4-14-2016
(Date)

Please return a completed form by April 15, 2016 by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040.

George Adams, NCDWM
610 East Center Avenue # 301
Mooresville, NC 28115

NCN000410439



RECEIVED

APR 12 2016

MRO - IHSB

PAT MCCRORY
Governor

DONALD R. VAN DER VART
Secretary

MICHAEL SCOTT
Acting Director

PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

I am the owner of the property located at 266 South Fork Rd, and I am authorized to complete this form.

PLEASE CHECK ONE OF THE FOLLOWING

☒ **YES, I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples (as described below) from my property.**

☐ **NO, I do not grant the Division of Waste Management and/or its contractors permission to access my property and collect samples from my property.**

Proposed samples that may be collected from my property include the following:

☐ Potable Well - Does your well have a treatment system? (Yes/No) _____

☐ Soil

☐ Groundwater

☒ Other (Include Description) Crawl Space and/or Basement Air Samples

Analyses: ☒ VOCs ☐ SVOCs ☐ Metals ☐ Pesticides ☐ Other

Michael Fotinos
(Print Name)

704-840-7318
(Telephone Number)

[Signature]
(Signature)

4/11/16
(Date)

Please return a completed form by April 15, 2016 by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040.

**George Adams, NCDWM
610 East Center Avenue # 301
Mooresville, NC 28115**

NCN000410439



Waste Management
ENVIRONMENTAL QUALITY

RECEIVED

APR 8 2016

MRO - IHSB

PAT MCCRORY
Governor

DONALD R. VAN DER VART
Secretary

MICHAEL SCOTT
Acting Director

PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

I am the owner of the property located at 126 BYNUM RD LINCOLNTON NC, and I am authorized to complete this form.

PLEASE CHECK ONE OF THE FOLLOWING

☒ YES, I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples (as described below) from my property.

☐ NO, I do not grant the Division of Waste Management and/or its contractors permission to access my property and collect samples from my property.

Proposed samples that may be collected from my property include the following:

☐ Potable Well - Does your well have a treatment system? (Yes/No) _____

☐ Soil

☐ Groundwater

☒ Other (Include Description) Crawl Space and/or Basement Air Samples

Analyses: ☒ VOCs ☐ SVOCs ☐ Metals ☐ Pesticides ☐ Other

WALTER SHRUM JR.
(Print Name)

704-472-8822
(Telephone Number)

[Signature]
(Signature)

05 APR 16
(Date)

Please return a completed form by **April 15, 2016** by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040.

George Adams, NCDWM
610 East Center Avenue # 301
Mooresville, NC 28115

NCN000410439



Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY
Governor

DONALD R. VAN DER VART
Secretary

MICHAEL SCOTT
Acting Director

PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

I am the owner of the property located at 277 South Fork Rd, and I am authorized to complete this form.

PLEASE CHECK ONE OF THE FOLLOWING

- ☒ **YES**, I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples (as described below) from my property.
- ☐ **NO**, I do not grant the Division of Waste Management and/or its contractors permission to access my property and collect samples from my property.

Proposed samples that may be collected from my property include the following:

- ☐ Potable Well - Does your well have a treatment system? (Yes/No) _____
- ☐ Soil
- ☐ Groundwater
- ☒ Other (Include Description) Crawl Space and/or Basement Air Samples

Analyses: ☒ VOCs ☐ SVOCs ☐ Metals ☐ Pesticides ☐ Other

MARK CANIPE
(Print Name)

704-735-3418
(Telephone Number)

[Signature]
(Signature)

4-11-16
(Date)

Please return a completed form by **April 15, 2016** by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040.

George Adams, NCDWM
610 East Center Avenue # 301
Mooresville, NC 28115

NCN000410439



Waste Management
ENVIRONMENTAL QUALITY

RECEIVED

APR 11 2016

MRO - IHSB

PAT MCCRORY
Governor

DONALD R. VAN DER VART
Secretary

MICHAEL SCOTT
Acting Director

PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

I am the owner of the property located at 213 Bynum Rd Lincoln, NC, and I am authorized to complete this form.

PLEASE CHECK ONE OF THE FOLLOWING

☐ YES, I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples (as described below) from my property.

☒ NO, I do not grant the Division of Waste Management and/or its contractors permission to access my property and collect samples from my property.

Proposed samples that may be collected from my property include the following:

☐ Potable Well - Does your well have a treatment system? (Yes/No) _____

☐ Soil

☐ Groundwater

☒ Other (Include Description) Crawl Space and/or Basement Air Samples

Analyses: ☒ VOCs ☐ SVOCs ☐ Metals ☐ Pesticides ☐ Other

ROBIN Houser
(Print Name)

704-745-7074
(Telephone Number)

Robin S. Houser
(Signature)

4-5-16
(Date)

Please return a completed form by April 15, 2016 by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040.

George Adams, NCDWM
610 East Center Avenue # 301
 Mooresville, NC 28115

NCN000410439



RECEIVED

APR 11 2016

MRO - IHSB

PAT MCCRORY
GovernorDONALD R. VAN DER VART
SecretaryMICHAEL SCOTT
Acting Director

PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

I am the owner of the property located at 195, 197, 205, 207, 214 242, and I am authorized to complete this form. 264, 298 Rockola Lane

PLEASE CHECK ONE OF THE FOLLOWINGLincolnton, NC 28092

☐ YES, I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples (as described below) from my property.

☒ NO, I do not grant the Division of Waste Management and/or its contractors permission to access my property and collect samples from my property.

Proposed samples that may be collected from my property include the following:

☐ Potable Well - Does your well have a treatment system? (Yes/No) _____

☐ Soil

☐ Groundwater

☒ Other (Include Description) Crawl Space and/or Basement Air Samples

Analyses: ☒ VOCs ☐ SVOCs ☐ Metals ☐ Pesticides ☐ Other

Glenn P. Bynum
(Print Name)

704 735-3593
(Telephone Number)

Glenn P. Bynum
(Signature)

4/7/16
(Date)

Please return a completed form by April 15, 2016 by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040.

George Adams, NCDWM
610 East Center Avenue # 301
Mooresville, NC 28115

NCN000410439



RECEIVED

APR 8 2016

MRO - IHSB

PAT MCCRORY
Governor

DONALD R. VAN DER VART
Secretary

MICHAEL SCOTT
Acting Director

PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

I am the owner of the property located at 1938 Southside Rd., Lincolnton, N.C., and I am authorized to complete this form.

PLEASE CHECK ONE OF THE FOLLOWING

☐ YES, I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples (as described below) from my property.

☒ NO, I do not grant the Division of Waste Management and/or its contractors permission to access my property and collect samples from my property.

We could not afford to make changes anyway.

Proposed samples that may be collected from my property include the following:

☐ Potable Well - Does your well have a treatment system? (Yes/No) _____

☐ Soil

☐ Groundwater

☒ Other (Include Description) Crawl Space and/or Basement Air Samples

Analyses: ☒ VOCs ☐ SVOCs ☐ Metals ☐ Pesticides ☐ Other

Denise Armstrong
(Print Name)

704-732-4287
(Telephone Number)

Denise M. Armstrong
(Signature)

4-5-16
(Date)

Please return a completed form by **April 15, 2016** by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040.

George Adams, NCDWM
610 East Center Avenue # 301
Mooresville, NC 28115

NCN000410439



RECEIVED

APR 8 2016

MRO - IHSB

PAT MCCRORY
Governor

DONALD R. VAN DER VART
Secretary

MICHAEL SCOTT
Acting Director

PROPERTY ACCESS AUTHORIZATION & SAMPLING PERMISSION FORM

I am the owner of the property located at 225 Bynum Rd, Woodinton, NC, and I am authorized to complete this form.

PLEASE CHECK ONE OF THE FOLLOWING

☐ YES, I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples (as described below) from my property.

☒ NO, I do not grant the Division of Waste Management and/or its contractors permission to access my property and collect samples from my property.

Proposed samples that may be collected from my property include the following:

☐ Potable Well - Does your well have a treatment system? (Yes/No) _____

☐ Soil

☐ Groundwater

☒ Other (Include Description) Crawl Space and/or Basement Air Samples

Analyses: ☒ VOCs ☐ SVOCs ☐ Metals ☐ Pesticides ☐ Other

Terrell R. Sweet
(Print Name)

704-732-8296
(Telephone Number)

Terrell R. Sweet
(Signature)

4/5/2016
(Date)

Please return a completed form by April 15, 2016 by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040.

George Adams, NCDWM
610 East Center Avenue # 301
 Mooresville, NC 28115

NCN000410439



APR 6 2016

DONALD R. VAN DER VART
Secretary

MICHAEL SCOTT
Acting Director

I am the owner of the property located at 1971 South Side Rd Lenoir NC and I am authorized to complete this form.

☐ **YES, I grant the Division of Waste Management and/or its contractors permission to access my property and collect samples (as described below) from my property.**

☒ **NO, I do not grant the Division of Waste Management and/or its contractors permission to access my property and collect samples from my property.**

Potable Well - Does your well have a treatment system? (Yes/No) _____

Groundwater

<u>X</u>	Other (Include Description) <u>Crawl Space and/or Basement Air Samples</u>
----------	---

Analyses: X VOCs SVOCs Metals Pesticides Other

WESLEY NALC
(Print Name)

(Telephone Number)

Waf Nk
(Signature)

(Date) 4/1/10

Please return a completed form by April 15, 2016 by using the self-addressed and postage-paid envelope and sending it to the address below or by fax to (704) 663-6040.

George Adams, NCDWM
610 East Center Avenue # 301
Mooresville, NC 28115

NCN000410439